U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official 1938 Only JUL 18205 READ THE INSTRUCTIONS CA	AREFULLY BEFORE PREPARING THIS REPORT.
1. Ple Number U - 3/38	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT B WRIGHT	Name USW Local 351L
	Labor Organization File Number 003483
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any

Street 1502 2 DD CTA 55T

Street 4503 3RD STREET Street 1923 Culver Road

City NON-TH PORT City Tuscaloosa

State ALABAMA ZIP Code + 4 35 476 State Alabama ZIP Code + 4 35401-3818

5. Position in labor organization. EXECUTIBLE BOARD

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name B.F.Goodrich Employees Federal Credit Union	LOANS; CAR 15,000 SIGNITULAE 1,560
Trade Name, if any:	,
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 4520 21st Street	
City Tuscaloosa	16,500.00
State Alabama ZIP Code + 4 35401-3807	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert Buce Whight on 7-11-05 205-349-1464
Date Telephone Number

Name of Person Filing	File Number U- 34 3	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
■O. Box, Bldg., Room No., if any		
Street	c. Employer	
City		
State ZiP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	